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## \*BIBDATASHEET\*

CONFIRMATION NO. 1458

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/775,562	<b>FILING OR 371(c) DATE</b> 02/10/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1618	<b>ATTORNEY DOCKET NO.</b> 630666.00028
<b>APPLICANTS</b> Joseph F. Poduslo, Rochester, MN; Geoffrey L. Curran, Rochester, MN; Thomas M. Wengenack, Rochester, MN; Daniel J. McCormick, Rochester, MN; Abdul H. Fauq, Jacksonville, FL;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/515,460 10/29/2003 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/10/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>AS</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 38 <b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 26710				
<b>TITLE</b> AMINO ACID COMPOSITION WITH INCREASED BLOOD BRAIN BARRIER PERMEABILITY				
<b>FILING FEE RECEIVED</b> 912	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	